CHRISTIAN HOME & REHABILITATION CENTER

331 BLY STREET

WAUPUN 53963 Phone: (920) 324-9051	=	Ownership:	Nonprofit Church/Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed (12/31/03):	75	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	75	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	74	Average Daily Census:	67

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents	(12/31/03)	Length of Stay (12/31/03)	8
Home Health Care Supp. Home Care-Personal Care	No No	   Primary Diagnosis 		Age Groups	\{ \{		21.6
Supp. Home Care-Household Services	No	Developmental Disabilities	1.4	Under 65	1.4		18.9
Day Services	No	Mental Illness (Org./Psy)	37.8	65 - 74	4.1		
Respite Care	No	Mental Illness (Other)	1.4	75 - 84	32.4		73.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	54.1	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	Yes	Para-, Quadra-, Hemiplegic	1.4	95 & Over	8.1	Full-Time Equivalent	
Congregate Meals	No	Cancer	2.7			Nursing Staff per 100 Resi	ldents
Home Delivered Meals	No	Fractures	4.1		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	20.3	65 & Over	98.6		
Transportation	No	Cerebrovascular	10.8			RNs	4.6
Referral Service	No	Diabetes	10.8	Gender	%	LPNs	8.9
Other Services	No	Respiratory	2.7			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	6.8	Male	24.3	Aides, & Orderlies	40.4
Mentally Ill	No			Female	75.7		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		
***********	****	* * * * * * * * * * * * * * * * * * *	*****	*****	*****	· * * * * * * * * * * * * * * * * * * *	*****

## Method of Reimbursement

		Medicare 'itle 18			edicaid itle 19		Other		Private Pay		Family Care			Managed Care						
Level of Care	No.	ૃ	Per Diem (\$)	No.	ે	Per Diem (\$)	No.	%	Per Diem (\$)	No.	양	Per Diem (\$)	No.	%	Per Diem (\$)	No.	용	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	 2	5.1	135	0	0.0	0	1	3.4	155	0	0.0	0	0	0.0	0	3	4.1
Skilled Care	6	100.0	350	37	94.9	117	0	0.0	0	28	96.6	148	0	0.0	0	0	0.0	0	71	95.9
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	6	100.0		39	100.0		0	0.0		29	100.0		0	0.0		0	0.0		74	100.0

CHRISTIAN HOME & REHABILITATION CENTER

Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services, ar	nd Activities as of 12/	31/03
Deaths During Reporting Period	- 1						
	1				% Needing		Total
ercent Admissions from:		Activities of	용	As	sistance of	% Totally	Number of
Private Home/No Home Health	29.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	23.0		41.9	35.1	74
Other Nursing Homes	1.6	Dressing	23.0		40.5	36.5	74
Acute Care Hospitals	69.4	Transferring	35.1		44.6	20.3	74
Psych. HospMR/DD Facilities	0.0	Toilet Use	29.7		43.2	27.0	74
Rehabilitation Hospitals	0.0	Eating	13.5		73.0	13.5	74
Other Locations	0.0	******	*****	*****	*****	******	*****
otal Number of Admissions	124	Continence		용	Special Treatmer	nts	용
ercent Discharges To:	1	Indwelling Or Extern	al Catheter	5.4	Receiving Resp	oiratory Care	8.1
Private Home/No Home Health	21.6	Occ/Freq. Incontinen	t of Bladder	59.5	Receiving Trad	cheostomy Care	0.0
Private Home/With Home Health	2.6	Occ/Freq. Incontinen	t of Bowel	44.6	Receiving Suct	cioning -	0.0
Other Nursing Homes	1.7	-			Receiving Osto	omy Care	2.7
Acute Care Hospitals	6.0 I	Mobility			Receiving Tube	e Feeding	2.7
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	6.8		nanically Altered Diets	29.7
Rehabilitation Hospitals	0.0	1 1			3	-	
Other Locations	32.8	Skin Care			Other Resident (	Characteristics	
Deaths	35.3 i			10.8	Have Advance I	Directives	94.6
otal Number of Discharges	i	With Rashes		1.4			
(Including Deaths)	116				Receiving Psyc	choactive Drugs	59.5

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

************	*****	*****	*****	*****	*****	*****	*****	*****	*****
		Ownership: This Nonprofit			Size:	Lic	ensure:		
	This				-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	બ	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	85.7	94.0	0.91	88.0	0.97	88.1	0.97	87.4	0.98
Current Residents from In-County	63.5	77.2	0.82	72.9	0.87	69.7	0.91	76.7	0.83
Admissions from In-County, Still Residing	17.7	23.9	0.74	20.1	0.88	21.4	0.83	19.6	0.90
Admissions/Average Daily Census	185.1	101.9	1.82	129.5	1.43	109.6	1.69	141.3	1.31
Discharges/Average Daily Census	173.1	102.4	1.69	130.3	1.33	111.3	1.56	142.5	1.22
Discharges To Private Residence/Average Daily Census	41.8	39.2	1.07	52.2	0.80	42.9	0.97	61.6	0.68
Residents Receiving Skilled Care	100	96.3	1.04	93.7	1.07	92.4	1.08	88.1	1.14
Residents Aged 65 and Older	98.6	97.2	1.01	94.2	1.05	93.1	1.06	87.8	1.12
Title 19 (Medicaid) Funded Residents	52.7	64.2	0.82	66.3	0.79	68.8	0.77	65.9	0.80
Private Pay Funded Residents	39.2	25.9	1.51	21.6	1.82	20.5	1.91	21.0	1.87
Developmentally Disabled Residents	1.4	0.5	2.96	0.5	2.48	0.5	2.70	6.5	0.21
Mentally Ill Residents	39.2	38.5	1.02	36.2	1.08	38.2	1.03	33.6	1.17
General Medical Service Residents	6.8	20.1	0.34	21.5	0.31	21.9	0.31	20.6	0.33
Impaired ADL (Mean)	51.1	51.0	1.00	48.4	1.05	48.0	1.06	49.4	1.03
Psychological Problems	59.5	53.0	1.12	53.4	1.11	54.9	1.08	57.4	1.04
Nursing Care Required (Mean)	6.9	7.7	0.90	6.9	1.00	7.3	0.95	7.3	0.95